

UNPROFESSIONAL PHYSICIANS

future practice problems. Attempts at subdividing the group into delayed graduation due to academic reasons, disciplinary causes, graduate study and so forth, did not provide any significant findings.

Follow-up Information

Internship Rating

For many years, the administration of the school has requested confidential evaluations from the hospital where each graduate has spent his first postgraduate year. The forms request that they be evaluated as exceptional, very good, satisfactory or needing improvement. Those who were merely classified as satisfactory had a greater tendency to have later Board disciplinary problems.

Type of Practice

More general practitioners had problems with the Board than their classmates who entered specialties. The difference was highly significant statistically.

Place of Practice

There was a disproportionate number of those who settled in Southern California who had problems with the State Board. Again, the difference was highly significant.

REFERENCES

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5. Hadley GG, Neilsen IR, Clark WB: Can we predict which students will work overseas after graduation. *Med Arts and Sc* 28: 18-23, Jun 1974

Using the Roll Test in a Complicated Pregnancy

DR. ZUSPAN: "The roll test is the aortic renal compression test. You lay the patient on her side and take blood pressure in the upper arm—after the patient has been stabilized—and then roll her on her back. You take the immediate blood pressure reading when she is on her back, wait 3 to 5 minutes and take another blood pressure reading. If the diastolic pressure rises 20 or more, it is a positive roll test. The important reading, I personally feel, is when you immediately roll her on her back, because this is the greatest response of the baroreceptors, and this should measure cardiovascular reactivity better, I believe. . . . If you have a negative roll test, that is important because you can be reassured that in greater than 90 percent of those patients preeclampsia will not develop. And if you do a roll test on every visit of a patient from the 22nd or 24th week of gestation, I can assure you that the red flags will begin to go up, and that if the results are positive, somewhere between 60 and 80 percent of the patients will undoubtedly have either transient hypertension or early pregnancy-induced hypertension, and you can do something about that. So you are identifying and preventing."

—FREDERICK P. ZUSPAN, MD, *Columbus, OH*
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